

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214514736			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: WESTMINSTER CHILD CARE CENTER</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DONALD D LONG 530 E MAIN ST CHARLOTTESVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: 01377001</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 450 RUGBY ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903-1873</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: AMY OGDEN TITLE: PAST PRESIDENT ADDRESS: 214 CAMELLIA DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: AMY OGDEN TITLE: PAST PRESIDENT ADDRESS: 214 CAMELLIA DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ELLEN ROBERSON TITLE: SECRETARY ADDRESS: 326 DOVER ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERAMY SPITZER VICE PRESIDENT 145 STAG DRIVE RUCKERSVILLE, VA 22968	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER TRAUB DIRECTOR 1110 SNOWDEN DRIVE CHARLOTTESVILLE, VA 22901	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT DAWSON DIRECTOR 620 MCINTIRE ROAD CHARLOTTESVILLE, VA 22902	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOYCE KERNS DIRECTOR 204 WESTMINSTER ROAD CHARLOTTESVILLE, VA 22901	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CW WHINDLETON DIRECTOR 18 BEGUM ROAD PALMYRA, VA 22963	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOLLAND BURTON DIRECTOR 536 ROLLING VALLEY CT CHARLOTTESVILLE, VA 22902	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEVYNN THOMAS TEACHER REP 1635 RAVEN'S PLACE CHARLOTTESVILLE, VA 22911	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ WENDY CARTER		WENDY CARTER, EXEC DIR		3/20/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					